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mRNA vaccination: 40 times more dangerous than the flu shot

16.2.21 by [Christoph Pfluger](#)

Official figures from the UK and WHO show: The mRNA vaccines are leading to 40 times more deaths than would normally be expected from flu shots. The authorities still consider a connection between the increased risk and the vaccination unlikely.



(Bild: Hakan German / pixabay)

"The death is not related to the vaccination" - as of today, such assurances should no longer be believed under any circumstances. In Great Britain, no fewer

than 244 people out of almost ten million vaccinated people died shortly afterwards, including eight miscarriages (as of the end of January). The figure comes from the [Medicines and Healthcare Products Regulatory Agency](#) of the British government and is official, therefore certainly not exaggerated.

How many deaths would normally be expected after a flu vaccination? There is an official answer for this as well: 5.75 per ten million vaccinated persons. The figure also comes from the United Kingdom and can be found on page 77 of the ["Vaccine Safety Basics"](#) manual published by the WHO in 2013.

Influenza A (H1N1) vaccine example

In response to the pandemic influenza A H1N1 strain, many countries had engaged in mass immunization against flu in 2009. Awareness of the expected background rates of possible adverse events was estimated crucial to the assessment of possible vaccine adverse reactions.³⁴

Highly visible health conditions, such as Guillain-Barré syndrome, spontaneous abortion and death, can occur in close proximity to vaccination in substantial numbers when large populations are vaccinated.

For example, for every 10 million individuals vaccinated in the United Kingdom, 21.5 cases of Guillain-Barré syndrome and 5.75 sudden deaths were expected to occur as unrelated coincidental events within 6 weeks of vaccination.³⁴

Careful interpretation of vaccine safety signals was crucial to detect real reactions to vaccine and to ensure that coincidental events were not caused by vaccination and did not affect public confidence in the vaccine. Experts compared background incidence rates of the condition with the rate following a vaccination programme to be able to monitor potential increases of events.

In other words, the mRNA vaccines cause about 40 times more deaths than would be expected from influenza vaccines. There are two possible explanations for the difference, or a combination of them:

1. Safety: the mRNA vaccines made by Pfizer and Astra-Zeneca - the ones at issue - are far more dangerous than assumed.

2. Negligence: The vaccination campaigns are being carried out hastily and with neglect of basic precautions.

For safety:

Pfizer/Biontech's mRNA vaccine was tested in 20,000 subjects, with 20,000 others receiving placebo. This small number of test subjects does not allow a reliable assessment of safety. Even a single death among 20,000 would statistically overstate the hazard by a factor of two. No fatality would obscure any hazard.

In order to be able to approximately determine the probability of deaths after vaccinations (5.75 per 10 million for influenza vaccinations according to WHO), greater test groups by multiple factors would be necessary. With 500,000 study participants, the range of statistically plausible deaths (the so- called "confidence interval") is between 5 and 20 cases according to a medical statistician who provided information by telephone, so it is still highly inaccurate. Reliable statements about the probability of so- called "rare events" are absolutely impossible with the real test size of 20,000 vaccinated individuals.

Statements that the vaccine is safe are therefore highly unscientific. Only a field trial can deliver reliable results - which many critical people intuitively assume.

The fact that the vaccines approved in the fast-track procedure still have an experimental status, i.e. further tests are necessary, is also confirmed by the [definition of the U.S. Food and Drug Administration \(FDA\). Its regulations](#) require "informed consent" from vaccinees.

Pfizer is evidently also aware of these shortcomings, which is why the company has concluded a detailed contract with the Ministry of Health of the vaccination pioneer Israel for the evaluation of the data (here, unfortunately, only a [version with numerous blacked-out pages](#) that was leaked to us).

Pikant: The results of the study are confidential, the publication of the data takes place together. Pfizer can therefore control the results.

The poor quality of Pfizer's tests is also underlined by the fact that only about 8 percent of the 3580 conditions that arose after the test vaccinations were included in the evaluation, namely only those that were simultaneously associated with a positive PCR test. Of these 170 confirmed Covid 19 cases, 162 were in unvaccinated persons and eight in vaccinated persons. This resulted in the globally published efficacy of over 90

percent.

The remaining 3410 illnesses were excluded from the evaluation because they were not confirmed Covid-19 cases, but "suspected Covid-19". (Details on this monstrosity in the [FDA report](#) on the Pfizer/ Biontech vaccine).

Among the vaccinated, 1594 developed "suspected covid-19", in the placebo group 1810, a ratio of 47 to 53 percent - an insignificant advantage for the vaccinated. (More on this by pharmacology professor [Peter Doshi in the British Medical Journal](#))

A major disadvantage of the Pfizer test is also the fact that older people in particular were excluded from the study, as the ["Journal of the American Medical Association"](#) notes in a scientific paper.

"Older adults have the greatest risk of severe illness and death from coronavirus disease," it says. "Worldwide, persons older than 65 years make up 9 percent of the population but account for 30 to 40 percent of cases and more than 80 percent of deaths."

According to Ugur Sahin of Biontech, the developer of Pfizer's mRNA vaccine, enough elders participated in the trial that he is confident that "this vaccine seems to work in the higher-risk population." ([Source](#))

But apparently, of all persons, no over-80s took part in the study, who are now most affected by the deaths. Pharmaceutical companies have a well-known tendency to test healthy people as much as possible in order to get positive results quickly.

It is inexplicable that such statistical ambiguities, not to say manipulations, get through to the licensing authorities without informing the public, especially since Swissmedic did not approve Pfizer's vaccine in an accelerated procedure, but allegedly in the "ordinary procedure", as it emphasised in a [media release](#).

On negligence:

Vaccination campaigns worldwide focus on older people because they are particularly at risk. That is true, their risk of falling ill is higher. But the tests did not include people over 80 and those with pre-existing conditions. Therefore, it is not known how well the vaccine works in these groups. Nevertheless, they are the ones who are given the vaccine. In addition, it is known that

older people on average respond less well to the flu vaccine, a contraindication.

The clustered cases of corona outbreaks after vaccination in old people's homes are still anecdotal. But while PCR tests, "cases", hospitalisations and deaths are meticulously recorded and published every day, there is still hardly any reliable information about waves of infections and deaths after vaccinations in old people's homes. This could be clarified quickly with relatively little effort - if it were desired.

In the case of deaths, health authorities worldwide declare in uniform language that a connection with the vaccination is highly unlikely. [According to Swissmedic](#), the first person to die after vaccination in Switzerland died of his illnesses hours after the case became known. If he was ill - which his doctor denied - why was he vaccinated? If he was healthy, what did he die of? Acute illnesses are a clear contraindication.

Vaccination campaigns are apparently frequently carried out in a rather militaristic manner. Instead of clear information and conscious consent, the authorities are relying on tight organisation and symbols of authority.

In a Berlin old people's home with several deaths, [soldiers in camouflage suits were present](#) during the vaccination, which according to eyewitness reports intimidated the old people with war experience. This is not exactly an approach one would expect with a vaccine that is about 40 times more dangerous than a flu shot. Caution is called for and clear communication of the risks, as is done with other medicines.



The doctor Andreas Heisler made public the intolerance of Switzerland's first vaccination death. Now he is being attacked by SRF television with false accusations (screenshot Rundschau).

The vaccination campaign is taking place in a climate of fear and lack of information, in which the media play a decisive role. Critical voices are not only suppressed, but actively fought against. A temporary low point was delivered by Rundschau journalist Thomas Vogel, who concludes his article "[Doctors targetted: Authorities against corona-sceptics](#)" of 10 February with

the call: "The state must decide how much freedom it should grant corona-sceptical doctors. A delicate task, it should not be postponed."

It is no coincidence that Andreas Heisler, MD, of all people, is being targeted by SRF television. He is not only the founder of the critical doctors' network "[Aletheia](#)". He also publicised the fact that Switzerland's first vaccination fatality - a former patient of his - had a known intolerance to flu vaccinations, but was vaccinated anyway ([details here](#)).

This crucial fact was not only concealed by Swissmedic, which disseminated a different account hours after the death became known, but also by Thomas Vogel, who knew better. He had called me before the recording and had the connections explained to him in detail, including references to the relevant sources. So he acted in full awareness of the concrete circumstances.

On [SRF-News](#), Vogel goes one step further: He claims, contrary to the truth, that Andreas Heisler doubts the existence of the virus. When asked about this, Heisler explains:

"I have explicitly said that I do not deny the existence of the corona virus, on the contrary, I have said that I must have been ill with corona myself, as I have documented a high

antibody titre. But he wants and needs ... to push me into this corner so that the inert authorities finally and decisively take action against me."

The clear statement should actually still be in the unused archive material at SRF and be available for a possible trial. Until such a trial has taken place, one can only recommend SRF television as a source for finding out about the latest propagandistic activities.

How negligent, not to say deliberately misleading, even recognised media deal with the facts surrounding deaths after vaccinations is exemplified by the weekly newspaper "Zeit". The title "[523,000 vaccinated, no Corona deaths](#)" is not factually incorrect, but deceptive. [According to the evaluation of the Israeli health insurance company "Maccabi"](#), none of its vaccinated members died of Covid-19. But the deaths in the immediate aftermath of the vaccination are simply suppressed. This is how science journalism works today.

As a journalist, I wonder what this job title still means today. In an SRF radio talk show last May, Maurice Thiriet, head of the news portal watson, claimed twice that I was not a journalist at all. It doesn't take much more and I have to agree with him. If what passes for

journalism today is confirmed, I'll have to find a new job title.

Conclusion

The massively increased lethality of the mRNA vaccine compared to the flu vaccine is an extraordinary warning signal. It can be assumed that neither the media nor the authorities will report on it in an appropriate manner - they would have to admit to too many mistakes to still be considered credible.

And the question is what the socially distanced and intimidated person with his limited and censored means of communication can still do to warn others of the danger. After all, the presumably greater risks, the long-term side effects, are still ahead of us. They could then really lead to an overload of hospitals. **It will do us little good to have known.**